

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-819)**

SERIAL NO.

09/662293

FILING DATE

APPLICANT(S)

09/662293

6/24/04

6/24/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9	/					
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48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	23					
TOTAL CLAIMS	31					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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95						
96						
97						
98						
99						
100						
TOTAL IND.					3	
TOTAL DEP.					11	
TOTAL CLAIMS					14	